

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
July 1 – September 30 2005**

**1st Quarter
Contract Year 5
2005-2006**

**Submitted to the State of Florida
Agency for Health Care Administration and the
Agency for Persons with Disabilities**

Executive Summary

Throughout the first quarter of contract Year Five, Delmarva has continued to work closely with AHCA, APD, and The Council on Quality and Leadership to help ensure positive outcomes for the people served under the Medicaid DD HCBS Waiver program. Regional managers continue to monitor consultants on a regular basis and 100% of all CORE and WiSCC results continue to be reviewed. Bi-weekly CORE and WiSCC conference calls continue in order to enhance communication and ensure reliability among consultants, attended by all consultants, all Delmarva managers, Delmarva's senior research scientist, Florida's IT representative and other personnel as appropriate.

Several major changes and accomplishments were documented during the first quarter of this new four year contract period. Delmarva decided not to continue the sub-contract agreements with Medstat and the Joint Commission on Health Care Organization, and has modified internally to complete all projects once under either subcontracts. The Public Reporting Website (www.flddresources.org) became a reality on August 15 and the members of the work group have agreed to continue to meet to address concerns and develop an agenda for the next phase of the system. A Support Plan Stakeholder Workgroup has met formally and has begun the process of establishing two distinct parts to the Support Plan document, Part A with a focus on the individual and Part B with information needed for prior authorization of services. Finally, a week long training was attended by all Quality Improvement Consultants, managers, and representatives from The Council on Quality and Leadership (CQL), the Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD).

As indicated throughout this document, review volume levels are low as is typical for first quarter activities, and therefore data analysis and/or interpretations of results are not appropriate at this time. The number of consults and reviews completed through September 2005, during contract Year Five, includes the following:

- 32 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 37 Waiver Support Coordinators;
- 115 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 94 Collaborative Outcomes Review and Enhancement (CORE);
- 72 Desk Reviews;
- 29 Follow-Up Reviews;
- 87 Follow-Up Reviews with Technical Assistance;
- 209 Documentation Follow-Up Reviews;
- 7 Reconsiderations.

All districts have been contacted and invited to work with Delmarva staff to ensure their education and training needs are being addressed. Eleven formal training and education sessions were provided during the first quarter of Year Five. Design work began this quarter for the web based training modules entitled *Medication Highway*, *Professional*

Practices and Quality Enhancement Planning. It is anticipated they will be available for interactive training by December. The module *Empowerment: Locating, Hiring and Replacing Providers* was revised and will be posted pending APD approval.

Delmarva continues to interface with all the partners and stakeholders involved in the Medicaid DD HCBS Waiver program on a regular basis, conducting status meetings, conducting quarterly meetings within each area, attending steering committee meetings when possible and when otherwise needed. In addition, Delmarva staff continues networking with other organizations and states to expand our base of knowledge and share our experiences with others. Proposals for paper and poster presentations have been submitted for consideration to the International Summit for the Alliance on Social Inclusion, taking place in Quebec in May 2006.

Introduction

This is the first quarterly report for Year Five of the Florida Statewide Quality Assurance Program (FSQAP) contract, July – September 2005. The report is divided into three sections. The first section, **Summary of Quarterly Project Compliance Activities**, presents information relevant to compliance with contract issues. In this section we detail the activities and accomplishments of the Delmarva Staff and their partners, including:

- Project Initiatives and Volume of Activity
- Liaison and Education Activities
- Summary of Customer Service Activity
- Quality Improvement Initiatives
- Internal Quality Assurance Activities.

The second section, **Data Analysis and Preliminary Results**, provides analysis and interpretation of the data collected from July through September 2005. Data collection from the providers and individuals with developmental disabilities for Year Five is not yet complete and therefore any results presented in this section are inconclusive and might not yet be representative of the providers and consumers in the DD population.¹ This section includes:

- Desk Reviews
- CORE Evaluations
 - Outcome Elements
 - Minimum Service Requirements
 - CORE Alerts and Recoupments
 - Follow Up and Follow Up with Technical Assistance
- WiSCC Evaluations
 - Outcome Elements
 - Minimum Service Requirements
 - Follow Up with Technical Assistance
- Personal Outcome Measures (POM)
 - Individual POM Item Summary
 - 13 or More Outcomes Met and 13 or More Supports Present
 - 13 or More Outcomes Met by Demographics
 - Foundational Outcomes
- Medical Peer Review Findings

The third section, **Summary and Recommendations**, provides a brief summary of the contract activities. However, because there are so few data on which to report, no recommendations based on a review of the data and activities to date are possible.

¹Trends and more extensive analyses are presented in the FSQAP Annual Reports to AHCA and APD.

Section One: Summary of Quarterly Project Compliance Activities

Project Initiatives and Volume of Activity

Sub-Contractors

Beginning with the new contract in Year Five, Delmarva is no longer sub-contracting with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Medstat. The decision was not related to performance on the part of either sub-contractor, but rather was made in order to improve the fiscal viability of the FSQAP program.

The Joint Commission had developed the original CORE application and employed the consultants, who were managed by Delmarva. All of the consultants who had been employed by the Joint Commission have transitioned over to Delmarva. While the Joint Commission contract was not continued, they provided use of and support for their CORE application through the end of September 2005. During that time, Delmarva managers, IT staff and programmers developed a new CORE application. This new application was tested the end of September, installed on all the Quality Improvement Consultant's (QIC) laptops and implemented October 1.

Medstat had provided data support and also claims data analysis and assistance with the development of several psychotherapeutic drug studies. Delmarva now has a research scientist on staff in Florida who provides data support and analysis. A new Health Analyst II position has recently been filled. This person will assist in producing the data tables and reports that were once a Medstat responsibility.

Public Reporting Website

The Public Reporting Website (www.flddresources.org) developed jointly by APD, AHCA, Delmarva and in cooperation with a broad representation of stakeholders, "went live" on August 15, 2005. Feedback from AHCA, APD and the workgroup participants has been very positive. Two problems have been identified that are currently being addressed: 1) some providers who are no longer providing services appear on the list of "active" providers; 2) addresses for some providers are the billing address and not the location of the provider.

Providers are currently identified as "active" on the website if they have billed for a service at any time during the previous 18 months. While this ensures that all providers have had ample time to submit claims, it also increases the probability of listing providers who have not billed for any claims for a year or more and are no longer active. Delmarva is currently working with AHCA and APD to modify this time frame, possibly shortening it to 12 or six months.

The address for the provider that is posted on the website is taken from the ACS database, used for billing. Therefore, the addresses are not always the ones a provider wants displayed. Currently, when this issue arises, providers are directed to the ACS website, <http://floridamedicaid.acs-inc.com/index.jsp>. The third question from the bottom allows them to change the information in the ACS database. If this is not an appropriate “fix” for the provider, Delmarva is willing to work with them on an individual basis to find a solution.

The workgroup established to develop this website will begin to meet again in November. The group will be identifying new elements to be posted on the website, examining the “long-term” elements identified previously as possible elements to include on the webpage, addressing new concerns, and exploring funding options to continue expansion into the next phase of the website.

Support Plan Stakeholder Workgroup

The Year Five Support Plan Stakeholder Workgroup has met formally on two occasions, August 16 and 17, 2005 and October 4 and 5, 2005. The general direction of the group at this time is to establish two distinct parts to the Support Plan document. There have been several subgroup meetings, one focusing on Part A and the other on Part B of the Support Plan.

Part A is being designed to stand apart from the Prior Service Authorization process, and be a pure representation of what is important to individuals receiving services. Non-technical language has been incorporated into Part A, to make it more user-friendly and to generate a more person directed flavor. Part A belongs to the individuals and should accurately reflect what they want to say.

Part B of the Support Plan has been designed in an effort to streamline the Prior Service Authorization process. Part B pulls much of the demographic information out of Part A, and is being designed as a series of checklists that will justify the need for supports and services. A direct linkage has been established to the PSA decision making protocols, with the hope of improving PSA efficiency and response rates.

The Year Five Support Plan Stakeholder Workgroup is interfacing with another workgroup that is designing the APS Healthcare Care Connections system. As APD is unable to house the electronic portions of the Support Plan, APS is looking to parallel the modifications being made to Part B.

Future meetings have been scheduled for November 15 and 16, 2005, and January 11 and 12, 2006. The first meeting will focus on the integration with Care Connections, and the second meeting will likely focus on developing a training curriculum for the new tools.

Area Quality Leader Training

Bob Foley, Marshall Paterson and Sue Kelly conducted a data training session with the Area Quality Leaders (AQL) on August 5 at APD. The purpose of the training was to

review the data tables that are sent to the area offices monthly. For each table we discussed:

- The content and meaning of the data;
- Possible ways to use the information;
- Dates of service included in each table;
- Frequency at which the data are updated.

In future meetings, after the AQLs have had more time to use the data tables, Delmarva will discuss with the AQLs questions and/or concerns they have with the data and the presentation of the material. The intent is to determine what is or is not useful in order to optimize our time creating data tables that are most effective for the Areas and the AQLs.

Interagency Quality Council

The quarterly IQC meeting was postponed until October 12 and 13. A report on the Delmarva participation in this meeting will be included in the 2nd Quarterly Report for this year.

Quality Improvement Consultant Training

A week-long training was completed that was attended by all QICs, the Delmarva managers, the Council on Quality and Leadership and various AHCA and APD representatives. Training sessions included:

- Presentation of Quality Improvement Studies;
- Review/discussion of the Quarterly Area Data tables;
- “Four Corners” and “Dashboard” presentations by Julie Tyler and Maulik Joshi on the structure and current projects of the Corporate Delmarva Foundation;
- Medicaid Handbook update discussion;
- Interview process, actual interviews, and follow up.

In addition to presentations, there were several break-out sessions for CORE and WiSCC QICs for “facilitated discussions”. These work groups were used to discuss pros and cons of each tool/process and to generate ideas that could be used to enhance the processes, making them more efficient and effective. Consultants also “teamed up”, one CORE and one WiSCC consultant, for an actual interview. Anne Beuchner, from CQL, led the interview follow-up session to allow consultants to discuss/share their experiences. Most consultants found this process extremely helpful.

Finally, all the QICs and managers participated in an all-day training session presented by Neil Cerbone Associates on “Managing Conflict Effectively”. The session included a presentation of the PrioSys communication system, migrating to another’s communication style to improve communication, and techniques to enhance listening and negotiating skills.

Volume of Activity

CORE and WiSCC onsite consultation processes have continued into Year Five with no significant changes to either. Desk Reviews continue to be conducted for providers who do not provide services subject to Onsite review. As per the contract amendment in Year Four, in addition to the six services that have received an onsite review each year, In-Home Support Services and Special Medical Home Care are also now subject to a CORE consultation. The number of reviews/consults completed to date during the first quarter of contract Year Five is as follows:

- 32 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 37 Waiver Support Coordinators;
- 115 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;²
- 94 Collaborative Outcomes Review and Enhancement (CORE);
- 72 Desk Reviews;
- 29 Follow-Up Reviews;
- 87 Follow-Up Reviews with Technical Assistance;
- 209 Documentation Follow-Up Reviews;
- 7 Reconsiderations.

Liaison and Education Activities

Liaison with AHCA and APD has continued to be very positive throughout all activities of the project. Monthly status meetings were conducted this quarter, held on July 21, August 18 and September 15. The status meetings are a venue for AHCA, APD, Delmarva and Delmarva's partner, The Council on Quality and Leadership (CQL), to receive project updates and discuss issues or concerns moving forward. These are generally well attended, with representation from all groups.

All districts have been contacted and invited to work with Delmarva staff to ensure their training needs are addressed. Eleven formal training and education sessions were provided during the first quarter of Year Five, four sessions in August and seven sessions in September. The training sessions provided included:

- In Area 11 information was provided to guardians on the CORE and WiSCC processes;
- Training on Implementation Planning was presented to providers in Area 12;
- Training on data interpretation was provided for Area Quality Leaders (AQL's);
- An Overview of CORE and WiSCC activities was presented at the APSE conference;
- An education session at the Inclusion Matters conference in Fort Lauderdale focused on providing information and educational materials;

² Of these 115 interviews, 73 were part of a WiSCC and 42 were with individuals who are part of the longitudinal study and were not completed in the context of a WiSCC.

- In Area 7, for the Steering and Advisory Committees, and in Area 8, for Individuals and family members, training on WiSCC and CORE was provided that focused not only on the processes but also incorporated information gathered over the past year (examples and best practices);
- Training on WiSCC as well as using outcome information effectively was completed in Areas 23, 2 and 7 for new support coordinators;
- Training on CORE was presented in Area 1 for providers of In Home Support and Supported Living services;
- During the FASC conference in Tampa, training was conducted for support coordinators that included best practices, WiSCC findings, communicating change to support coordinators and brainstorming effectively;
- A training session provided at the FARF conference in Tampa focused on providing information on FSQAP and other educational materials.

There are several requests for training from different districts for individuals receiving services, providers and family members. These will be submitted to AHCA for review and approval. In addition to requests, Delmarva has started utilizing the Area Quarterly Report data to help identify weaknesses for which training may need to be developed.

Design work began this quarter for the web based training modules entitled *Medication Highway*, *Professional Practices* and *Quality Enhancement Planning*. It is anticipated they will be available for interactive training by December. The module *Empowerment: Locating, Hiring and Replacing Providers* was revised and will be posted pending APD approval.

Delmarva managers and consultants continue to participate in quarterly meetings with area staff, including AQL's. At these meetings, information is provided on consultation findings, trends and best practices. Assistance in data interpretation is also provided.³

Summary of Customer Service Activity

The Customer Service unit continues to serve as a liaison between Delmarva, Medicaid Waiver service providers and beneficiaries, the APD Areas and the business community. Responses are provided for inquiries about Onsite CORE and WiSCC consultations, Desk Reviews, Person-centered Reviews, related issues on Quality Enhancement Plans, Reconsiderations and other required follow up. The Customer Service Representative, Said Sanchez, has completed extensive training on the consultative and desk review processes, including observing a CORE and WiSCC, in order to better field questions and concerns.

As indicated in the following table, Desk Reviews continue to generate the most calls to customer service, over 77 percent of the 464 received this quarter. About 21 percent of

³ Appendix 1, Attachment 6 summarizes Delmarva's contacts and activities for the July through September 2005 time period.

the contacts related to the desk review process are from providers who need an explanation of the documents that need to be submitted for the review, timeframes for submission and the reason for the request for the documentation. The most common calls are from providers who receive a second notice for documentation, a noncompliance letter, a request for corrections or for quality improvement plans, generating a concern from the providers as to their enrollment status with the Medicaid Waiver services.

Customer Service Contacts

July - September 2005

Area	Number	Percent
Desk Reviews	359	77.4%
CORE	33	7.1%
WiSCC	6	1.3%
Interpreting Services	10	2.2%
Complaints	16	3.4%
On Line Training	19	4.1%
Miscellaneous	21	4.5%
Total	464	100.0%

There were 39 calls to Customer Service concerning CORE and WiSCC. Providers often require some clarification on the evaluation levels: Achieving, Implementing, Emerging and Not Emerging. Said Sanchez has arranged interpreting services in Spanish in 10 instances and has also helped provide sign language for two different Quality Improvement Consultants.

Several complaints were logged this quarter. These varied from concerns about scores or a waiver support coordinator, disagreement about findings in terms of background screening and one concern that the provider's home address is posted on the new Public Reporting web site instead of the correct mailing address.

Quality Improvement Initiatives

Two quality improvement initiatives completed this quarter were discussed above: the Public Reporting workgroup and the Support Plan Stakeholder workgroup activities. In addition to these, collecting, analyzing and using data are primary ways to indicate areas for quality improvement in any program. Currently, our primary data reports are quarterly and annual reports submitted to AHCA and APD and monthly/quarterly area reports that are data driven and intended to give area staff and Area Quality Leaders (AQL) timely information, specific to their providers and consumers, in order to help them target intervention strategies and quality improvement initiatives. Delmarva's

research scientist, Sue Kelly, has begun the process of working with the AQLs to determine if and how these data tables can be revised to enhance this process. It is expected that modifications may begin early in calendar year 2006.

Five Quality Improvement Studies were completed during Year Four of the contract and five more are scheduled to be completed during Year Five, within a range of four to six. The Delmarva managers have discussed several possible topics for these studies. These ideas have been submitted to Pamela Wainwright and will be discussed at the November status meeting. In addition, Delmarva has solicited a “call for QI study ideas” from APD. Several responses have been compiled and will be discussed as possible study ideas for this year.

Internal Quality Assurance Activities

Delmarva managers and the Tallahassee and Easton IT staff continue to meet weekly to discuss on going projects, issues or concerns facing consultants or the completion of any portion of the contract obligations. This has greatly enhanced internal communication, providing increased interaction with IT in order to maintain and enhance the WiSCC and CORE applications and facilitate discussions surrounding the upkeep of the Public Reporting System.

Delmarva managers also attended the quarterly Operations Committee Meeting in Hanover, Maryland, on September 28, 2005. These meetings provide a forum to interact with other Delmarva managers, share ideas in terms of contract management and QI processes, and stay current with Delmarva activities. Training sessions on different subjects are often provided in conjunction with the Operations Meeting. On September 27, the managers had the opportunity to attend an Employee Retention training provided by the Center for Talent Retention. The session provided valuable information on working with employees to determine their level of engagement with the company and the best methods for improving their engagement and retaining them as employees.

Delmarva Managers continue to monitor consultants on WiSCC and CORE consults, providing assistance and feedback in order to continue to build reliability among the consultants and to enhance development of a consultative approach to the processes. Some information from the data collected has been used to help monitor the consistency of consultants’ results across the state. Bi-weekly conference calls with consultants are used to address any issues, problems or concerns generated from the consultations. To improve reliability, provider/consumer scenarios are distributed prior to the conference calls. The scenarios have focused on one or two elements, changing elements each month or bi-weekly. These are reviewed and evaluated by each consultant, the results discussed and analyzed during the call.⁴

⁴ See Appendix 1, Attachment 1 for details on the Florida Statewide Internal Quality Assurance Program (IQAP).

Section Two: Data Analysis and Preliminary Results

Desk Reviews

The following table shows the number and percent of desk reviews in each APD Area as well as the average review score for the first quarters of Year Five of the contract. The scores vary greatly by district, from a low of 52.1 percent (only 12 reviews) to a high of 99.4 percent (only 3 reviews).

Desk Reviews by APD Area
July - September 2005

Area	Number	Percent	Score
1	3	4.2%	99.4%
2	3	4.2%	88.5%
3	2	2.8%	69.4%
4	4	5.6%	68.5%
7	4	5.6%	88.3%
8	12	16.7%	52.1%
9	0	0.0%	NA
10	2	2.8%	63.8%
11	10	13.9%	68.6%
12	6	8.3%	64.8%
13	3	4.2%	83.7%
14	1	1.4%	67.7%
15	0	0.0%	NA
23	22	30.6%	70.7%
Total	72	100.0%	69.9%

With only 72 Desk Reviews completed this quarter, there are too few across the areas to draw any meaningful comparisons. Results should be viewed with caution and trends or comparisons to previous data are not yet presented. With that caveat stated, the following highlights are evident in the first quarter for desk reviews during this fifth year of the contract (July – September 2005):⁵

- An average score of 70 percent;
- 22 agency providers had an average score of 64 percent;
- 50 solo providers had an average score of 72 percent;
- 77.4 percent of providers had the required level 2 background screening;
- 80.5 percent of providers had the required 5-year level 2 background re-screening.
- 21 (29.2%) desk-reviewed providers were cited with a total of 38 alerts.

⁵ See Appendix 2, Exhibits 1 – 4 for details by district and type of provider (agency or solo).

- 26 (36.1%) desk reviewed providers had 35 documented recoupment citations.
- 204 desk reviewed providers required submission of additional documentation.⁶
- 84 (41.2 %) providers who completed a documentation follow-up review received a Met on 75 percent or more of the items that had previously been Not Met.⁷

CORE Evaluations

CORE evaluations during Year Four were completed for all providers of Adult Day Training, Non-Residential Support Services, Residential Rehabilitation, Supported Employment and Supported Living Coaching. During contract amendment negotiations in Year Four, it was decided to also include In Home Support Services and Specialized Medical Home Care as services that would be subject to a CORE onsite review. Delmarva began reviewing these as onsite services in July 2005.⁸

A total of 94 CORE evaluations have been completed and approved during the first quarter of Year Five. This is a very small portion of the number expected for the year: a range of 725 to 1,029 with a target of 900. The following table shows the distribution across APD Areas.

CORE Evaluations by APD Area
July - September 2005

Area	Number	Percent
1	2	2.1%
2	13	13.8%
3	11	11.7%
4	11	11.7%
7	8	8.5%
8	3	3.2%
9	0	0.0%
10	3	3.2%
11	10	10.6%
12	12	12.8%
13	7	7.4%
14	0	0.0%
15	2	2.1%
23	12	12.8%
Total	94	100.0%

⁶ Because only 72 Desk reviews were completed this quarter, many follow-up reviews are from annual reviews completed in Year Four.

⁷ After some discussion with APD it was decided to use the Year Four result (40%) as a benchmark from which to improve through the course of Year Five and beyond.

⁸ It is important to note that providers of these services are not scored on every CORE element. Elements 12, 13, 14 and 19 are scored as Not Applicable.

Outcome Elements

During the three months ending September 30, 2005, 71 agency and 23 solo providers received a CORE evaluation. Each provider is evaluated on 25 elements. The first 18 elements are outcome oriented and focus on the following areas: rights, choices, community, health and safety, a person-centered approach and communication. Each Outcome Element is evaluated as Achieving, Implementing, Emerging or Not Emerging.⁹ The provider's overall evaluation is based on a compilation of element level evaluation.

On average, the majority of the 94 providers scored Emerging or Implementing, a total of 86.2 percent. Only one provider was evaluated as "Not Emerging". While there are still only a limited number of reviews completed (94 out of a target of 900 to be completed this year), early results show that solo providers are more likely to score Achieving than are agency providers, and agency providers are much more likely to score Emerging than solo providers. However, care must be taken not to *over-interpret* results. A broader analysis and interpretation will be possible when completing the annual report for Year Five.

CORE Evaluations *July – September 2005*

	Agency	Solo	Total	Agency	Solo	Total
Achieving	4	8	12	5.6%	34.8%	12.8%
Implementing	26	8	34	36.6%	34.8%	36.2%
Emerging	41	6	47	57.7%	26.1%	50.0%
Not Emerging	0	1	1	0.0%	4.3%	1.1%
Total	71	23	94	100.0%	100.0%	100.0%

As indicated above, each of the 18 Outcome Elements is evaluated. The following table shows the elements from the 94 CORE consults, with the percent at each level of evaluation for each element.¹⁰ Note that several Elements (12, 13, 14 and 19) are not scored for In Home Supports and Specialized Medical Home Care. Therefore, these are scored as Not Applicable.

- During the first quarter of Year Five, Element 14 was most often scored as Not Emerging (17.0%). This element indicates if the individual participates in the routine review of his or her implementation plan or directs changes to assure outcomes and goals are met.¹¹

⁹ See Appendix 1, Attachment 2, for a description of the levels of evaluation.

¹⁰ See Appendix 1, Attachment 3 for a description of each outcome element.

¹¹ See Appendix 2, Exhibits 5 and 6 for more details on Outcome and MSR elements by area.

- Element 10 was also relatively high at the Not Emerging level, indicating that individuals are not always given the opportunity to develop desired social roles that are of value to the individual.
- Over 37 percent of the 94 providers were evaluated as Achieving on the element indicating individuals feel safe (9).
- Among these providers, they were least likely to score achieving on Element 1, indicating individuals are not always educated or assisted by the provider to fully exercise their rights.
- In total, 46.5 percent of the elements were scored as Emerging. On average, almost half of the elements were scored as Implementing or Achieving (49.1%).

CORE Evaluations: N=94*July - September 2005*

Percent at Each Level of Evaluation by Element

Element	Achieving	Implementing	Emerging	Not Emerging	Not Applicable
1	5.3%	29.8%	61.7%	3.2%	0.0%
2	28.7%	29.8%	40.4%	1.1%	0.0%
3	20.2%	29.8%	50.0%	0.0%	0.0%
4	18.1%	23.4%	57.4%	1.1%	0.0%
5	8.5%	37.2%	54.3%	0.0%	0.0%
6	13.8%	28.7%	55.3%	2.1%	0.0%
7	14.9%	30.9%	53.2%	1.1%	0.0%
8	19.1%	48.9%	30.9%	1.1%	0.0%
9	37.2%	36.2%	26.6%	0.0%	0.0%
10	7.4%	20.2%	60.6%	11.7%	0.0%
11	12.8%	30.9%	52.1%	4.3%	0.0%
12	9.6%	25.5%	55.3%	4.3%	5.3%
13	8.5%	29.8%	50.0%	6.4%	5.3%
14	9.6%	25.5%	42.6%	17.0%	5.3%
15	21.3%	30.9%	43.6%	4.3%	0.0%
16	22.3%	38.3%	38.3%	0.0%	1.1%
17	20.2%	39.4%	38.3%	2.1%	0.0%
18	28.7%	42.6%	26.6%	2.1%	0.0%
Total Elements	17.0%	32.1%	46.5%	3.4%	0.9%

Minimum Service Requirements

The last seven of the 25 elements in the CORE are the Minimum Service Requirement (MSR) elements. They are process related and are similar to elements scored during the first three years of the contract.¹² Providers must supply documentation of the required background screening, required training, and proper billing procedures. MSR elements are evaluated as Met or Not Met. The data presented are based upon a very small number of providers that will be reviewed this year and therefore the results may not indicate any trends and should be interpreted as preliminary.

In the following table, the number and percent Met of MSR elements are given at the element level. Of the 94 CORE consults completed during the first quarter of Year Five, 72.4 percent of the MSR elements were scored as Met. Highlights include:

- On average, the 23 solo providers appeared to be scoring better on these elements than the 71 agency providers;

¹² See Appendix 1, Attachment 3 for a description of each MSR element.

- The solo providers demonstrated over 90 percent Met on Element 20, 22, 23 and 24, indicating they usually had the required background screening documentation, required training documentation, are properly authorized and bill as authorized;
- The solo providers also appeared to be doing much better with documenting background screening (20) and training requirements (22) than the agency providers;
- The 71 agency providers were most likely to score Met on Element 23, reflecting proper authorization to provide the service(s).
- The agency providers scored lowest on the element indicating they maintain the required documentation (25).
- The worst performance areas for these solo providers were also Element 25, as well as Element 19, indicating the provider does not often meet service specific projected service outcomes.

Minimum Service Requirements

CORE Evaluations: July - September 2005

Element	Number Met		Percent Met		Total	
	Agency	Solo	Agency	Solo	Number	Percent
19	41	11	57.7%	57.9%	52	57.8%
20	53	22	74.6%	95.7%	75	79.8%
21	45	14	63.4%	60.9%	59	62.8%
22	54	21	76.1%	91.3%	75	79.8%
23	66	21	93.0%	91.3%	87	92.6%
24	56	21	80.0%	91.3%	77	82.8%
25	35	13	49.3%	56.5%	48	51.1%
Total Consults	71	23	70.6%	78.3%	94	72.4%

The following table shows the number and percent of consults, distributed across the percent of MSR elements that were scored as Met. For example, one the 94 providers who completed a CORE had none of the seven MRS elements scored as Met while 14 had all of their MSR elements Met.¹³

- Over 72 percent of the providers scored Met on 70 percent or more of the MSR elements.
- 34.8 percent of the solo providers scored Met on all of the MSR elements.
- Only 8.5 percent of agency providers met all MSR elements.
- 11.3 percent (8) of the agency providers scored Met on 33 percent or fewer of the MSR elements.

¹³ We use the percent met rather than the number met because not all of the providers were scored on all the MSR elements.

- Only one of the solo providers scored Met on 33 percent or fewer of the MSR elements.

Minimum Service Requirements
CORE Evaluations: July - September 2005

Percent Met	Number of Providers			Percent of Providers		
	Agency	Solo	Total	Agency	Solo	Total
0.0%	0	1	1	0.0%	4.3%	1.1%
14.3%	1	0	1	1.4%	0.0%	1.1%
28.6%	6	0	6	8.5%	0.0%	6.4%
33.3%	1	0	1	1.4%	0.0%	1.1%
42.9%	7	2	9	9.9%	8.7%	9.6%
57.1%	5	2	7	7.0%	8.7%	7.4%
66.7%	0	1	1	0.0%	4.3%	1.1%
71.4%	18	2	20	25.4%	8.7%	21.3%
83.3%	0	2	2	0.0%	8.7%	2.1%
85.7%	27	5	32	38.0%	21.7%	34.0%
100.0%	6	8	14	8.5%	34.8%	14.9%
Consults	71	23	94	100.0%	100.0%	100.0%

CORE Alerts and Recoupments

Several elements in the CORE process are Recoupment or Alert items.¹⁴ Elements are cited as an alert if it is determined by the consultant that areas of dignity and respect; privacy; abuse, neglect and exploitation; health; or safety warrant immediate corrective action. If a provider fails to meet the requirements for background screening it is also cited as an Alert item. Elements are cited as a Recoupment if the provider is not in compliance with the monitoring and billing documentation requirement for the services rendered. Of the 94 CORE completed in the first quarter of Year Five of the contract:¹⁵

- 31 providers received a total of 43 recoupment citations;
- A total of 23 providers had 31 alerts cited;
- 18 providers had one alert;
- 2 providers had two alerts;
- 3 providers had three alerts.

¹⁴ See Outcome Elements Table, Attachment 3. Alert items are numbers 2, 3, 7, 8 and 9. For the MSR elements, the “level 2 background screening” element (20) is an alert item.

¹⁵ See Appendix 2, Exhibits 7 and 8 for details by district and provider type.

The number and percent of each item scored as an alert are listed in the following table. As indicated below, a majority of these alerts relate to background screening (76%). The remaining 12 alerts are in the areas of dignity and respect; privacy; abuse, neglect and exploitation; health; and safety.

CORE Alert Items
July - September 2005

Alert Item	Number	Percent
Dignity and respect	1	2.0%
Privacy	6	12.0%
Abuse, neglect and exploitation	1	2.0%
Health	1	2.0%
Safety	3	6.0%
Background	38	76.0%
Grand Total	50	100.0%

Follow Up Consults and Follow Up with Technical Assistance

All providers who receive an overall CORE evaluation of Emerging or Not Emerging receive a Follow-up with Technical Assistance (TA). Providers who receive an overall CORE evaluation of Implementing receive a Follow Up but may request a Follow Up with TA. In addition, providers who receive an evaluation of Achieving may request a Follow Up through their Area office.

For the three month period ending September 2005, a total of 79 providers received an Onsite Follow Up (12) or an Onsite Follow Up with TA (67) subsequent to a CORE consult. The only “scores” that are subject to change in either of the follow up procedures are the seven MSR elements.¹⁶

- Of the 12 regular follow up reviews, 10 scored Met on 75 percent or more of the MSR elements that had previously been scored as Not Met;
- Only one provider had less than 25 percent accomplished after the Follow Up.
- Of the 67 providers who received a Follow Up with TA, 31 (46.3%) scored Met on the MSR elements that had previously been scored as Not Met.
- An additional 23 (34.3%) providers who received a Follow Up with TA scored Met on 50 percent to less than 75 percent on MSR elements that had previously been scored as Not Met.
- However, 12 (17.9%) of these providers had corrected fewer than 25 percent of the MSR elements.

¹⁶ See Appendix 2, Exhibit 9 for details by district.

WiSCC Evaluations

A total of 32 Waiver Support Coordination Consultations (WiSCC) were completed and approved during the first quarter of Year Five of the Contract. (Delmarva consultants expect to complete approximately 406 WiSCCs during Year Five.) As part of these consults, 37 Waiver Support Coordinators (WSC) were reviewed and 73 individuals were interviewed. (Consultants expect to interview approximately 1,572 individuals before June 30, 2006.) In addition, 42 POM interviews were completed with individuals who are part of the longitudinal sample. These are not included in the analyses presented in this report. The consults were distributed across the APD areas as shown in the following table. Comparisons across areas or to previous year's data are not yet possible.

WiSCC and WSC by Area
July - September 2005

Area	WiSCC	WSC
1	0	0
2	1	1
3	0	0
4	3	3
7	7	9
8	0	0
9	3	3
10	1	1
11	6	6
12	1	1
13	2	2
14	1	3
15	1	1
23	6	7
Total	32	37

Outcome Elements

Each of the 37 WSCs received an evaluation of Achieving, Implementing, Emerging or Not Emerging on the six Outcome elements, as indicated in the next table.¹⁷ A majority of these were solo providers (26). Because there are so few cases at this time, there is only a limited amount of information that can be culled from the data.

- For these WSCs, a majority of the elements were scored as Emerging;
- These WSCs were most likely to score Achieving on Element 1 (27%), indicating they often know the individuals they serve;

¹⁷ See Appendix 1, Attachment 4 for a description of each evaluation level and Attachment 5 for a description of each element.

- They were most likely to score Not Emerging on Element 6, but this represents only three WSCs;

Outcome Elements by Level of Evaluation

Year 5 - July - September 2005

Outcome Elements	Achieving		Implementing		Emerging		Not Present	
	Number	Pct	Number	Pct	Number	Pct	Number	Pct
1	10	27.0%	15	40.5%	12	32.4%	0	0.0%
2	1	2.7%	9	24.3%	25	67.6%	2	5.4%
3	4	10.8%	14	37.8%	19	51.4%	0	0.0%
4	5	13.5%	13	35.1%	19	51.4%	0	0.0%
5	2	5.4%	15	40.5%	19	51.4%	1	2.7%
6	2	5.4%	8	21.6%	24	64.9%	3	8.1%
Total	24	10.8%	74	33.3%	118	53.2%	6	2.7%

Minimum Service Requirements

The Minimum Service Requirement (MSR) elements are process related and are similar to elements scored during the first three years of the contract.¹⁸ Providers must supply documentation of the required background screening, required training, and proper billing procedures. MSR elements are evaluated as Met or Not Met. The following table shows the number and percent of WiSCCs, distributed across the number of MSR elements that were scored as Met. Of the 37 WSCs who participated in a WiSCC from July – September 2005, 11 were affiliated with an Agency and 26 were Solo providers. Results presented below are based on a small number of cases and may not reflect any current trends or patterns for the state.

Minimum Service Requirements

WiSCC Evaluations: July 2004 - March 2005

Number Met	Number of Providers			Percent of Providers		
	Agency	Solo	Total	Agency	Solo	Total
0	0	0	0	0.0%	0.0%	0.0%
1	0	0	0	0.0%	0.0%	0.0%
2	0	0	0	0.0%	0.0%	0.0%
3	1	1	2	9.1%	3.8%	5.4%
4	2	8	10	18.2%	30.8%	27.0%
5	8	17	25	72.7%	65.4%	67.6%
Total	11	26	37	100.0%	100.0%	100.0%

¹⁸ See Appendix 1, Attachment 5 for a description of each MSR element.

All of the WSCs interviewed during the first quarter of contract Year Five had at least three or more MSR elements scored as Met. A majority had all five elements scored as Met. At this point, there are too few data points to determine if there is any significant difference between results for WSCs who work with an agency and those who work alone.

In the following table, the number and percent Met of MSR elements is given at the element level.¹⁹ Of the 37 WSCs evaluated during the first quarter of Year Five, on average, 93 percent of MSR elements were scored as Met. Again, because there are so few cases at this time, there is only a limited amount of information that can be culled from the data. The 37 WSCs showed the worst performance in documenting that the required training had been received (Element 8), and performed at 100% on Elements 9 (indicating they were authorized by an approved cost plan to provide the service) and Element 10 (indicating the provider bills for the service at the authorized rate).

Minimum Service Requirements
WSC Evaluations: July – September 2005

Element	Number Met		Percent Met	
	Agency	Solo	Agency	Solo
7	10	25	90.9%	96.2%
8	9	20	81.8%	76.9%
9	11	26	100.0%	100.0%
10	11	26	100.0%	100.0%
11	10	23	90.9%	88.5%
Total Consults	11	26	92.7%	92.3%

Follow-up With Technical Assistance

Prior to departing the WiSCC, the Quality Improvement Coordinator (QIC) and WSC agree upon a date on which the QIC can return to provide Follow-up with Technical Assistance. This takes place between 10 and 90 days for solo WSCs and small WSC agencies. Follow-up with Technical Assistance for large WSC agencies may occur between 10 and 180 days following the WiSCC. These follow-up activities determine the effectiveness of the FOCUS plan initiatives, as well as provide an opportunity to review any follow-up to individual recommendations. Technical Assistance is directed toward maintaining the momentum of the WSC entity, and ensuring that WSC efforts are still on target to assist individuals toward achieving results that reflect communicated choices and preferences that matter most to them.

WiSCC Reconsiderations are conducted when a provider contests the results of the annual onsite consultation. Reconsiderations can only be requested on the minimum

¹⁹ See Appendix 1, Attachment 5 for a description of the WiSCC MSR elements.

service requirement elements in the WiSCC process (elements 7-11). There were no reconsiderations during the first quarter of Year Five of the WiSCC process.

Personal Outcome Measures

The POM interview is a reliable assessment tool that determines if personal outcomes are met and if supports are present in 25 areas found to be important to all people. Reviewers who have established reliability in the use of the interview tool conduct POM interviews. A random sample of two individuals was selected for each Waiver Support Coordinator participating in a WiSCC.

During the three month period ending September 2005, a POM interview was completed with 115 individuals. However, only 73 of these were randomly selected for the Year Five sample. The remaining 42 POMs were completed with individuals who are participating in the four-year long longitudinal study. Delmarva expects to complete approximately 1,500 POM interviews during this contract year. A detailed analysis of the POM results is not possible at this time, and will be completed at year's end when the sampling is completed, including comparisons to data from The Council if available.

Individual POM Item Summary

A summary of the individual POM items to date:²⁰

- Individuals did best on the POM indicating they are free from abuse and neglect, 80.8 percent with the Support present and 79.5 percent with the Outcome met.
- These 73 individuals were also likely to have Supports and Outcomes present in terms of being connected to natural supports and being satisfied with life's situations. These are similar patterns to previous years.
- At the aggregate level there was a correlation between Supports and Outcomes.
- Fewer than 30 percent of individuals had Outcomes met in the following areas:
 - Chooses personal goals
 - Performs different social roles
 - Has friends
 - Chooses services

Two Personal Outcome Measures have been identified as "driver" indicators. A driver indicator has been defined as a Personal Outcome Measure that if met, increases the likelihood that at least 13 or more Outcomes will be met and Supports will be present. Through a series of analyses, the POMs with the highest predictive value were identified; two were selected by the IQC - *Chooses services* and *Chooses where they work* as indicators to be targeted and tracked for Quality Improvement initiatives. These POM items have consistently been among those most frequently Not Met and for whom

²⁰ See Appendix 3, Exhibit 11 and 12 for details of the individual POM items.

Supports are most often Not Present.²¹ The reasons these are most often not met are similar and related to limited or no options or opportunities available; not having enough providers; that choices for the individuals are made by others, including family members; barriers are not addressed; and the organization is not increasing education about choices or working to increase service options or learning preferences.²²

- Chooses work: 37.0 percent Outcomes met, 34.3 percent Supports present.
- Chooses services: 20.6 percent Outcomes met, 16.4 percent Supports present.

13 or More Outcomes Met and 13 or More Supports Present

The Personal Outcome Measures have been used by the Agency for Persons with Disabilities to measure outcomes for people with developmental disabilities since 1998. The POMs are a Performance Indicator that APD reports to the Governor and State Legislature. The criterion of 13 or more Outcomes Met and 13 or more Supports Present has been established as a minimum criterion of expected performance and has been accepted for reporting and analysis purposes for the Florida Statewide Quality Assurance Program.

The following table provides yearly data for the number and percent of individuals for whom 13 or more Outcomes were met and Supports were present based on the Personal Outcome Measures. The downward trend during the first three years of the contract appears to have leveled off during Year Four. Because only 73 POMs have been completed during Year Five, no trends or conclusions can be drawn from the current data at this time.

13 or More Met/Present *July 2001 - September 2005*

Contract Year	Outcomes		Supports		Total Reviews
	Number	Percent	Number	Percent	
Jul 01 – Jun 02	1,040	54.5%	1,219	63.9%	1,907
Jul 02 – Jun 03	1,230	49.3%	1,406	56.3%	2,496
Jul 03 – Jun 04	977	39.8%	1,130	46.0%	2,456
Jul 04 - Jun 05	557	41.4%	630	46.5%	1,355
Jul 05 - Sep 05	28	38.4%	29	39.7%	73
Total	3,832	46.2%	4,414	53.3%	8,287

²¹ While only a very small proportion of the sample has been interviewed, the outcomes for *chooses work* for these 73 individuals represents an increase from 28.6 percent over Year Four. However, outcomes and supports both show a decrease for *chooses services*, from 25.2 percent and 32.0 percent respectively.

²² See Appendix 3, Exhibit 13 for reasons on all POM items.

POM Demographic Information for 13 or More Criterion

Delmarva has been analyzing the presence of 13 or more Outcomes and 13 or more Supports by APD Area, type of living arrangement and age group since Year One. However, because there are only 28 and 29 individuals in these sub-groups of 13 or more met, trends and comparisons across demographic categories are not possible at this time. The number and percent are shown in Exhibit 14 in Appendix 3 of this report.

Foundational Outcomes

The last seven Personal Outcome Measures (see list of POMS in Exhibit 11) include the items measuring Safeguards, Rights, and Health and Wellness. These are the Foundational Outcomes and are considered to be basic outcomes that most people with developmental disabilities would expect to have met most of the time. The percent of reviews for which all seven Foundational Outcomes are Met has been selected as a Performance Indicator that is reported to the Governor and Florida Legislature. Only 4 of the 73 individuals interviewed during the first Quarter of Year Five had all seven Foundational Outcomes met. These are shown in Exhibit 14 of Appendix 3 of this report.

Medical Review Findings

New Medical Review procedures were implemented when the QICs began doing WiSCC. For the review, the Nurse Reviewer is responsible for overseeing the recommendations that are generated by the QIC who utilizes Health/Behavioral Data Collection Form-Attachment five. As part of the approval process for the report, the Nurse Reviewer evaluates the appropriateness of recommendations, and compares the findings to information contained in the claims data. If discrepancies exist in any of the findings, the Nurse Reviewer may initiate a Focused Review. Any significant findings are reported to the WSC and possibly to the local Medical Case Manager, if appropriate.

The Nurse Reviewer is notified of the existence of any critical health issues that have been encountered by the QICs. The Nurse Reviewer will take a lead on communicating these concerns to the Medical Case Manager. It is not the intent of this disposition for follow up action related to any health, safety, or behavioral recommendation to be specifically assigned to the Area DD Case Management Team. The intent is to make the Area DD Medical Case Management Team aware of any health, safety or behavioral concerns and to be available to provide assistance or intervention, if requested, to the individual, family, or waiver support coordinator in securing or arranging needed supports and services.

The distribution of Medical Dispositions is presented in the next table. The overwhelming majority show no additional concerns were noted. The Nurse Reviewer has not yet completed two of the 73 individuals who received a POM interview during the first quarter of Year Five.

Medical Review Disposition
Year 5 - July – September 2005

Disposition	Number	Percent
Requesting Medical Records	2	2.8%
Done - no additional concerns	66	93.0%
Done - additional concerns to WSC	1	1.4%
Done - no concern/no claims	1	1.4%
Done - concern yes/no claims	0	0.0%
Done - ancillary claims only	0	0.0%
Done - additional concerns to MCM	1	1.4%
Total with Disposition	71	100.0%

Section Three: Summary and Recommendations

Contract activities throughout the first quarter of Year Five have proceeded smoothly. There were no changes made to the CORE, WiSCC or Desk Review procedures. Work is in progress to update the Desk Review procedures in order to have them comply with the changes in the Medicaid Waiver Handbook. These are expected to be completed and approved by the second quarter of this contract year.

Delmarva has been involved in several quality improvement projects outlined in this report, including the development and implementation of a Public Reporting System, and coordination of the Support Plan Stakeholder group. We expect to continue with these activities throughout this contract year. Both workgroups already have scheduled meetings to continue and expand on the work initiated in Year Four.

As indicated in earlier reports, an analysis of the barriers to services has not yet been completed although Delmarva has begun collecting data on this. A previous recommendation to the state was to complete a Quality Improvement Study on the barriers that exist across the state. This idea has been submitted to the state as one potential study, and is awaiting approval pending the November status meeting.

When providers are cited for not having the proper documentation for background screening, they are given 10 days in which to produce that documentation. A request was made from APD to examine the number/percent of providers who comply with this request within the 10-day limit. Research suggests this is possible and will be included in the 2nd Quarterly report when more data are available.

Production levels are somewhat down for this first quarter. However, this is often true as consultants complete follow up consults and longitudinal POMs “left over” from the previous year. Conclusions cannot be drawn from the data presented because, as noted throughout this report, only a very small portion of the sample of individuals has been completed, 73 out of an expected 1,500. Only 37 Support Coordinators were interviewed within the context of 32 WiSCC and only 94 providers had an onsite CORE consult. Therefore, formulating recommendations from the data presented herein would be inappropriate.